

Sefton Strategic Needs Assessment:

Lifestyles – Supporting Data

Lifestyles of Sefton residents

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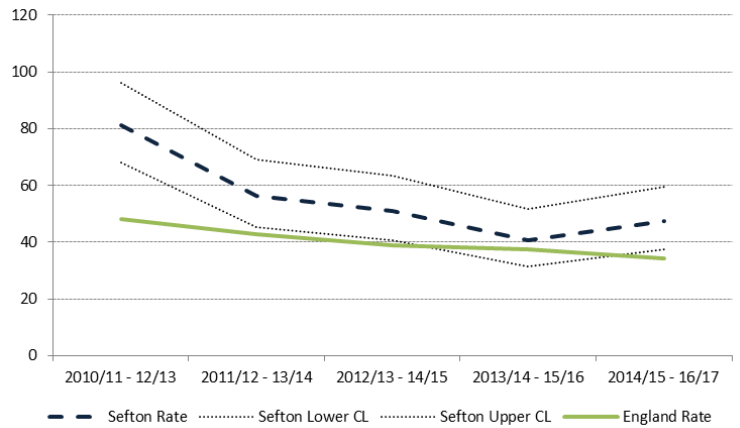
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Alcohol

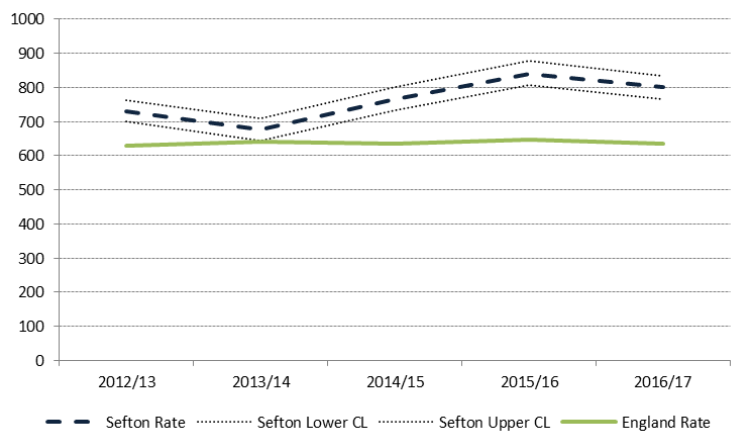
Hospital Admissions for Alcohol-Specific Conditions, Under 18s (Crude rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2010/11 - 12/13	81.2	67.9	96.3	48.0
2011/12 - 13/14	56.3	45.3	69.1	42.8
2012/13 - 14/15	51.0	40.5	63.3	39.0
2013/14 - 15/16	40.6	31.3	51.7	37.4
2014/15 - 16/17	47.5	37.4	59.4	34.2



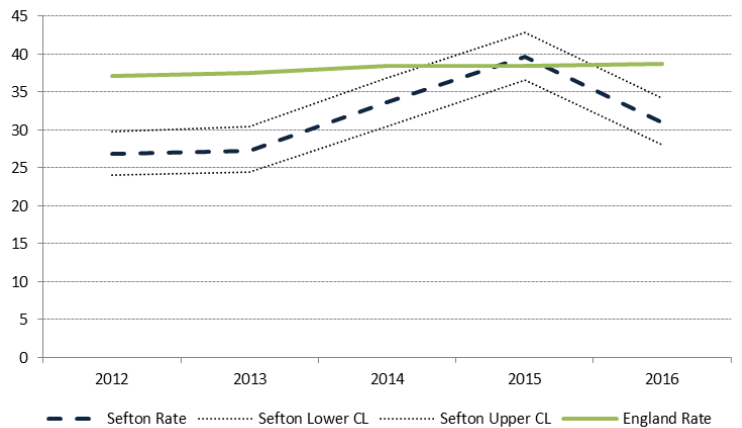
Hospital Admissions for Alcohol-Related Conditions (Directly Standardised rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012/13	731.0	699.0	764.0	630.0
2013/14	676.0	645.0	708.0	640.0
2014/15	766.0	733.0	800.0	635.0
2015/16	841.0	807.0	877.0	647.0
2016/17	800.0	767.0	835.0	636.0



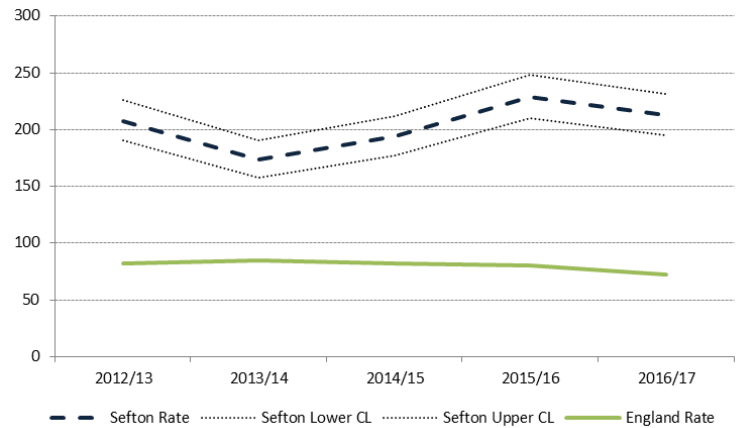
% of Alcohol Users that Left Alcohol Treatment Successfully who do not Re-Present to Treatment within 6 Months

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	26.8	24.0	29.8	37.1
2013	27.3	24.4	30.5	37.5
2014	33.6	30.4	36.9	38.4
2015	39.7	36.6	42.8	38.4
2016	31.0	28.1	34.2	38.7



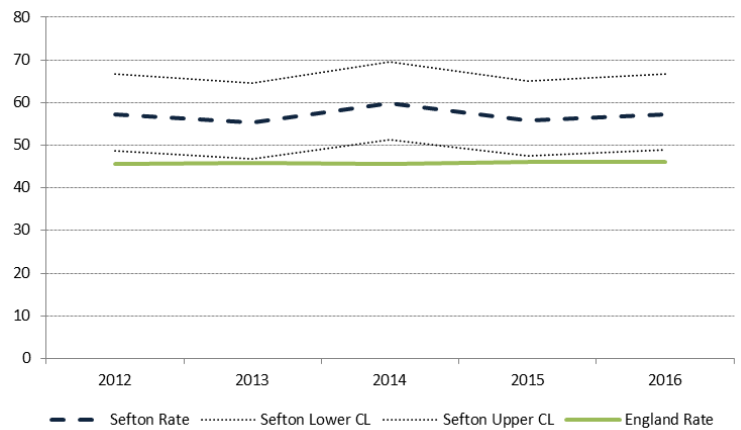
Admission to Hospital for Mental and Behavioural Disorders due to Alcohol (Directly Standardised rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012/13	207.6	190.4	225.9	82.1
2013/14	173.5	157.7	190.4	84.8
2014/15	194.3	177.4	212.3	82.0
2015/16	228.7	210.5	248.1	80.1
2016/17	212.6	195.1	231.3	72.3



Alcohol Related Mortality (Directly Standardised rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	57.3	48.8	66.8	45.6
2013	55.3	46.9	64.6	45.9
2014	59.9	51.2	69.6	45.5
2015	55.7	47.4	65.1	46.1
2016	57.3	48.9	66.7	46.0



The harmful use of alcohol ranks as one of the world’s five largest risk factors for disease disability and death. The Chief Medical Officer advises that to keep to a low level of risk of alcohol related harm adults should drink no more than 14 units of alcohol a week. Public Health England estimate that almost 30% of Sefton adults drink above this guideline, equating to 82,278 residents. A further 4,290 Sefton adults are estimated to be alcohol dependant, according to a study by The University of Sheffield and Kings College London.

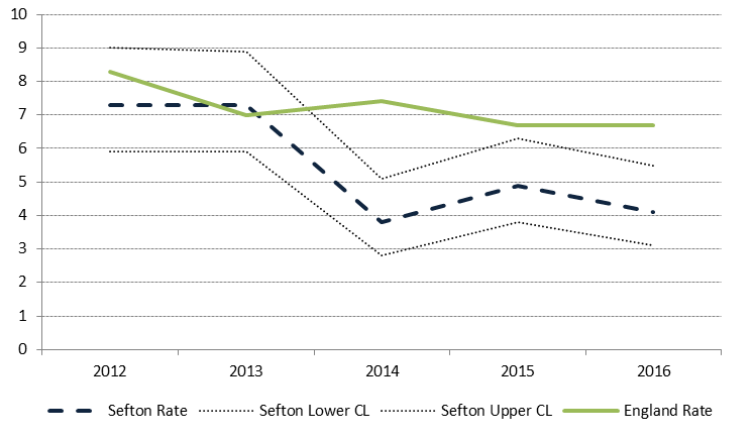
The rate of alcohol related mortality within Sefton is 57.3 per 100,000. However the rate is higher for men (82.1 per 100,000 population) than women (36.1 per 100,000 population). The rate for alcohol related mortality for females is not significantly different to the England average; however the rate is significantly worse for males.

The rate of hospital stay for alcohol related harm in Sefton was 800 per 100,000 population, and represents 2,201 stays per year. This is significantly worse than the England average rate, which was 636 per 100,000 population. For Sefton’s under 18s, the rate of alcohol specific hospital admissions has decreased year on year since the 2006/07-2008/09 time period. The 2013/14-2015/16 rate was significantly lower than the North West average and no longer significantly higher than England. However, the 2014/15-2016/17 has seen an increase and has once again become significantly higher than England.

Drugs

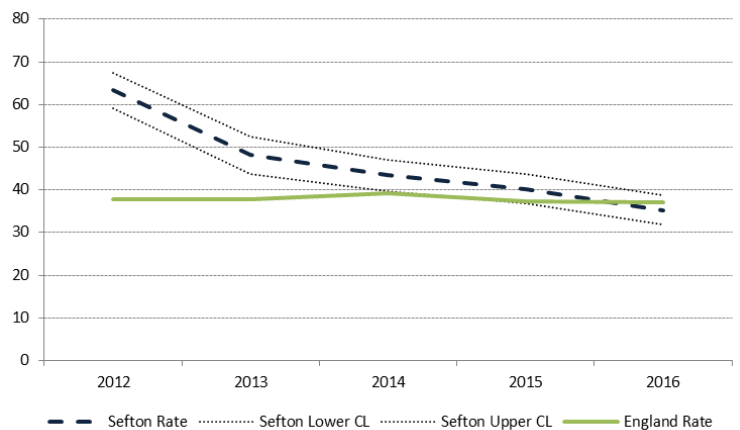
% Of Opiate Drug Users that Left Drug Treatment Successfully who do not Re-Present to Treatment within 6 Months

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	7.3	5.9	9.0	8.3
2013	7.3	5.9	8.9	7.0
2014	3.8	2.8	5.1	7.4
2015	4.9	3.8	6.3	6.7
2016	4.1	3.1	5.5	6.7



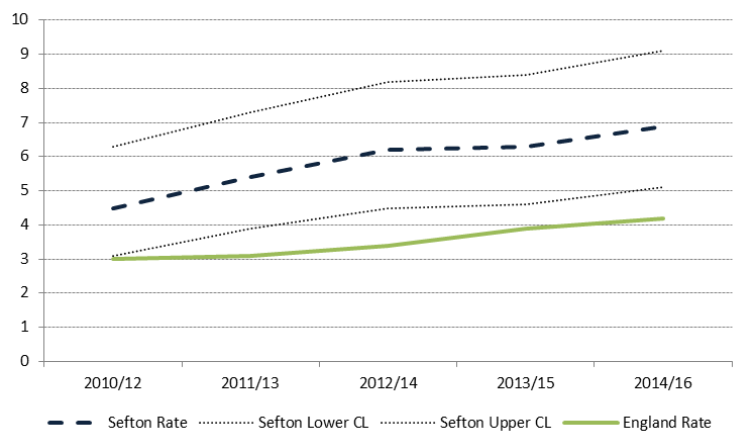
% Of Non-Opiate Drug Users that Left Drug Treatment Successfully who do not Re-Present to Treatment within 6 Months

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	63.4	59.1	67.5	37.9
2013	48.1	43.8	52.5	37.8
2014	43.4	39.8	47.1	39.2
2015	40.2	36.9	43.6	37.3
2016	35.2	31.9	38.8	37.1



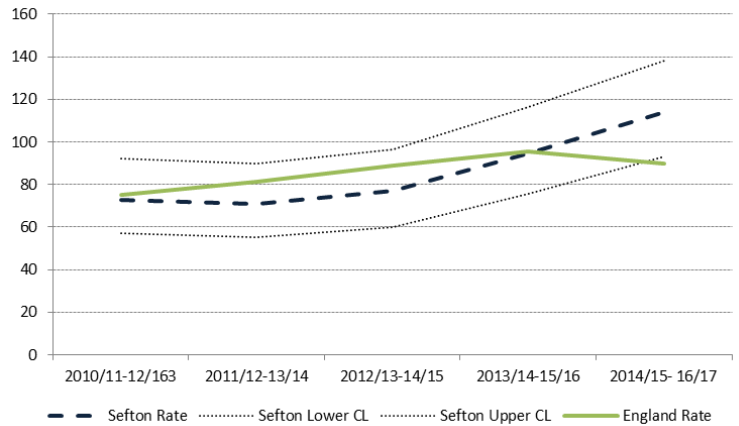
Deaths from Drugs Misuse (Directly Standardised Rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2010/12	4.5	3.1	6.3	3.0
2011/13	5.4	3.9	7.3	3.1
2012/14	6.2	4.5	8.2	3.4
2013/15	6.3	4.6	8.4	3.9
2014/16	6.9	5.1	9.1	4.2



Hospital Admissions Due to Substance Misuse Aged 15-24 years (Directly Standardised Rate per 100,000 15-24)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2010/11-12/163	72.9	56.9	92.1	75.2
2011/12-13/14	71.0	55.1	90.0	81.3
2012/13-14/15	76.8	60.1	96.6	88.8
2013/14-15/16	94.3	75.5	116.3	95.4
2014/15-16/17	114.0	93.0	138.3	89.8



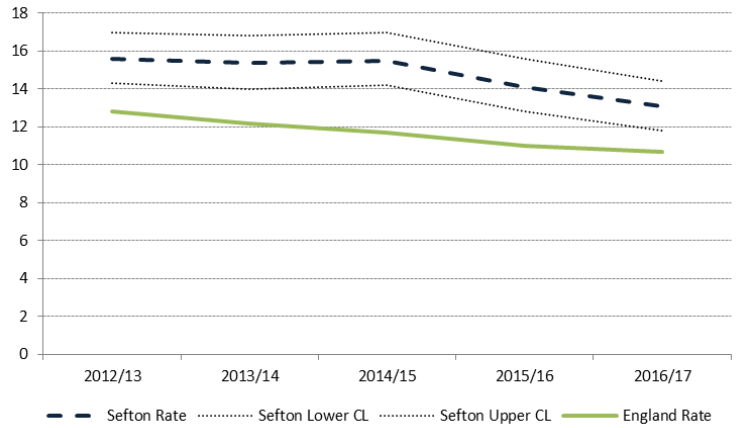
Drug services in Sefton aim to reduce drug related harm and support people to live a drug free life. The number of clients successfully completing treatment for opiate dependence and not re-presenting to treatment within 6 months (4.1% of the total number of opiate users in treatment) is below the national figure (6.7%) while the proportion of non-opiate clients (35.2%) who successfully complete treatment and do not re-present within 6 months is similar to the national figure (37.1%). Treatment completion for both opiate and non-opiate users has declined over the last 5 years. At the same time Sefton’s rate of deaths from drug misuse and hospital admissions due to drug misuse in 15-24 year olds have both increased.

Maternity

Smoking at Time of Delivery (Rate per 100 Maternities)

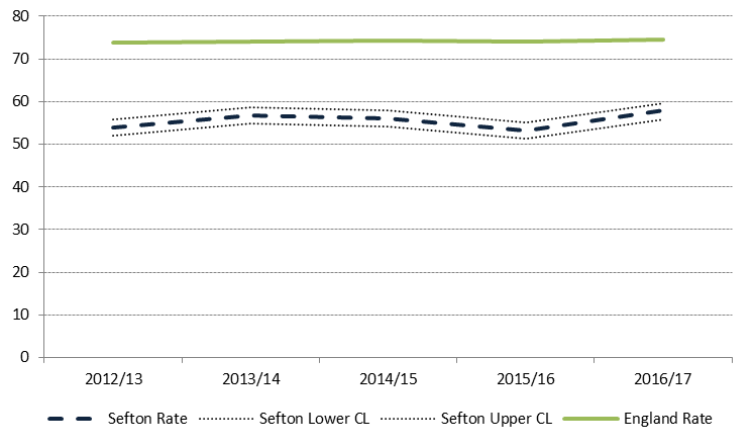
Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012/13	15.6	14.3	17.0	12.8
2013/14	15.4	14.0	16.8	12.2
2014/15	15.5	14.2	17.0	11.7
2015/16	14.1	12.8	15.6	11.0
2016/17	13.1	11.8	14.4	10.7

There is data quality issues with Sefton figures for 2014/15, 2015/16 and 2016/17



Breastfeeding Initiation (% of mothers who give their baby breast milk in the first 48 hours after delivery)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012/13	54.0	52.1	55.9	73.9
2013/14	56.8	54.9	58.7	74.0
2014/15	56.0	54.1	57.9	74.3
2015/16	53.1	51.2	55.0	74.0
2016/17	57.9	55.9	59.6	74.5

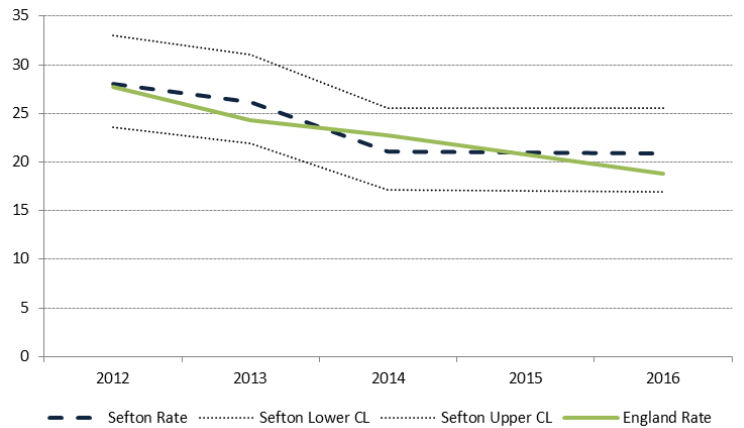


Breastfeeding Prevalence (% of babies being fully or partially breastfed 6 to 8 weeks after birth)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2016/17	29.6	28.0	31.3	44.4

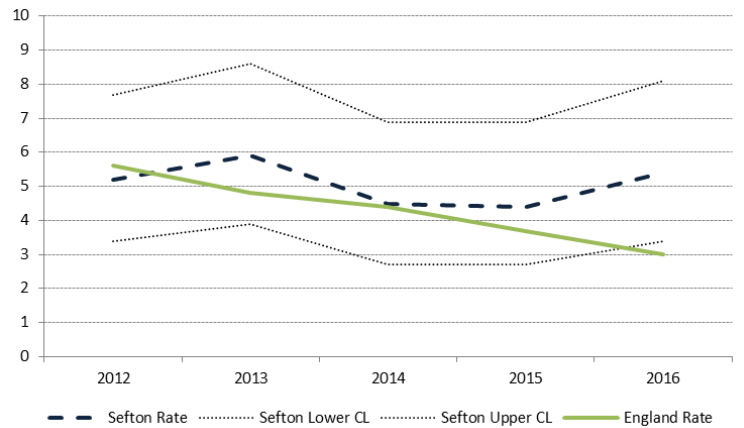
Under 18 Conceptions (Crude Rate per 1,000 Females 15-17)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	28.0	23.6	33.0	27.7
2013	26.2	21.9	31.1	24.3
2014	21.1	17.2	25.6	22.8
2015	21.0	17.0	25.6	20.8
2016	20.9	16.9	25.6	18.8



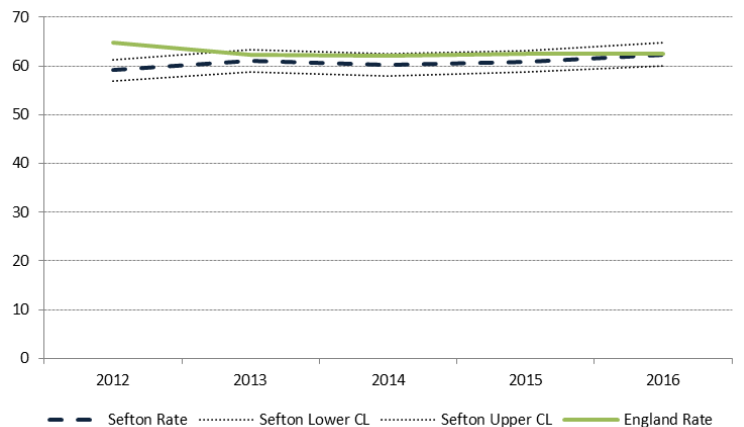
Under 16 Conceptions (Crude Rate per 1,000 Females 13-15)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	5.2	3.4	7.7	5.6
2013	5.9	3.9	8.6	4.8
2014	4.5	2.7	6.9	4.4
2015	4.4	2.7	6.9	3.7
2016	5.4	3.4	8.1	3.0



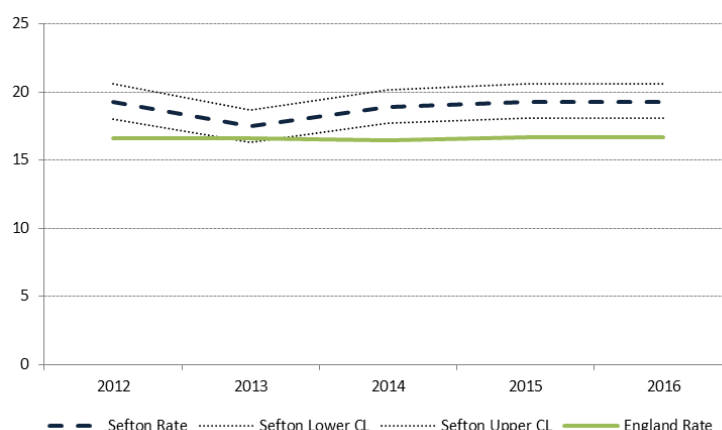
General Fertility (Crude Rate of Births per 1,000 Females 15-44)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	59.1	56.9	61.3	64.9
2013	61.0	58.8	63.3	62.4
2014	60.2	58.0	62.5	62.2
2015	60.9	58.7	63.2	62.5
2016	62.3	60.1	64.7	62.5



Total Abortions (Crude Rate per 1,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	19.3	18.0	20.6	16.6
2013	17.5	16.3	18.7	16.6
2014	18.9	17.7	20.2	16.5
2015	19.3	18.1	20.6	16.7
2016	19.3	18.1	20.6	16.7



Births have risen in Sefton over the past 15 years. Sefton’s General Fertility Rate (GFR) has shown a similar trend increasing from 48.5 in 2001 to 62.3 in 2016. The GFR for Sefton’s most deprived quintile is consistently higher than that of the other quintiles.

There were 94 conceptions to under 18s in Sefton during 2016, a rate of 20.9 per 1,000 females aged 15-17. The 2016 rate is the lowest on record, having reduced by 38% since 1998 (33.5). The Sefton rate is the lowest rate in Liverpool City Region and not significantly different to England (18.8) or the North West (22.3). Sefton’s rate of under 16 conceptions is low, accounting for less than 1 in 4 under 18 conceptions.

There were 881 abortions in Sefton in 2016, an age standardised rate of 19.3 per 1,000 women aged 15-44. The rate has remained relatively stable over the last 5 years but (with the exception of 2013) has been significantly higher than the North West region and England.

Approximately 13% of mothers in Sefton are estimated to have smoked during pregnancy. Smoking in pregnancy is known to affect the growth and the development of the baby and increases the risk of complications in pregnancy and birth such as miscarriage, stillbirth and premature birth. Evidence also suggests that 30% of sudden infant deaths could be avoided if mothers didn’t smoke when pregnant.

Breast feeding is beneficial to the health of mothers and their babies. Breastfed babies are less likely to experience gastrointestinal and respiratory infections or develop obesity and diabetes as adults. For mothers, breastfeeding lowers the risks of breast and ovarian cancer. Fifty-eight percent of Sefton mothers breastfeed their babies in the first 48 hours after delivery. At 6 to 8 weeks after birth this drops to 30% of babies being fully or partially breastfed. This is significantly lower than national breastfeeding rates where 74.5% of mothers initiate breastfeeding and 44% are breastfeeding at 6 to 8 weeks.

Physical Activity

% of Adults Aged 19 and over Classified as "Active" (Meeting the CMO Recommendations of 150+ Moderate Intensity Equivalent Minutes per Week)

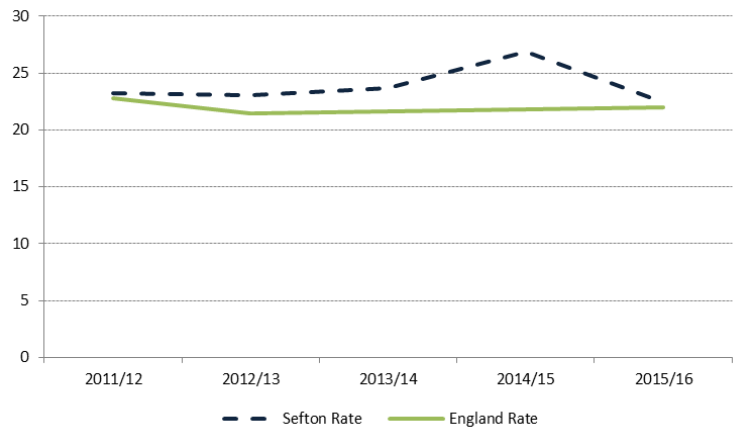
Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2015/16	66.4	62.1	70.5	66.1
2016/17	61.4	57.0	65.6	66.0

% of Adults Aged 16 and over Classified as "Inactive" (<30 moderate intensity equivalent minutes per week).

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2015/16	23.8	20.2	27.8	22.3
2016/17	23.2	19.8	27.2	22.2

% of people aged 16+ with sports club membership

Period	Sefton	England
	Rate	Rate
2011/12	23.2	22.8
2012/13	23.1	21.5
2013/14	23.7	21.6
2014/15	26.9	21.8
2015/16	22.4	22.0

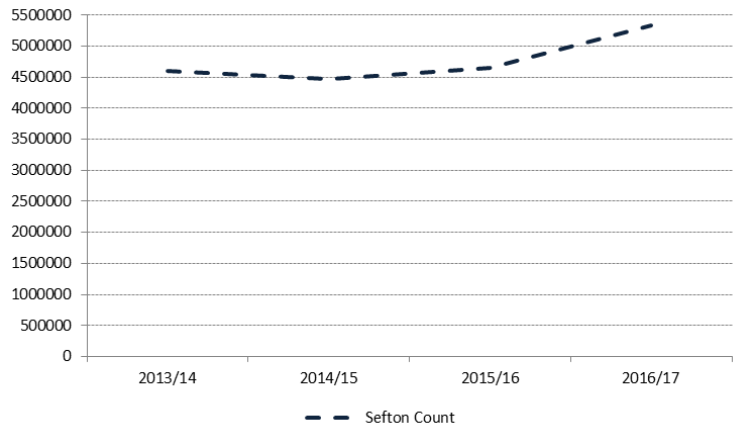


Physical inactivity is one of the leading causes of mortality in developed countries and has been found to increase the risk of cardiovascular diseases, breast cancer, bowel cancer, depression and anxiety. The Chief Medical Officer recommends that adults undertake a minimum of 150 minutes of moderate physical activity per week or 75 minutes of vigorous physical activity per week or an equivalent combination of the two. In Sefton it is estimated that only 61% of adults aged 19 and over meet the CMO recommendations for moderate physical activity. Furthermore almost a quarter of Sefton residents aged 19 and over are estimated to be inactive – that is they do less than 30 minutes of moderate physical activity per week.

Sefton Council Leisure Services

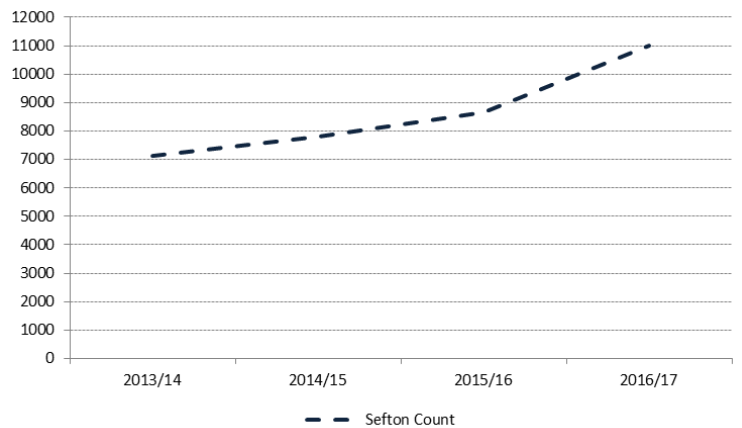
Visits per Annum to Sefton Leisure Centres

Period	Sefton Count
2013/14	4594657
2014/15	4471282
2015/16	4657218
2016/17	5336786



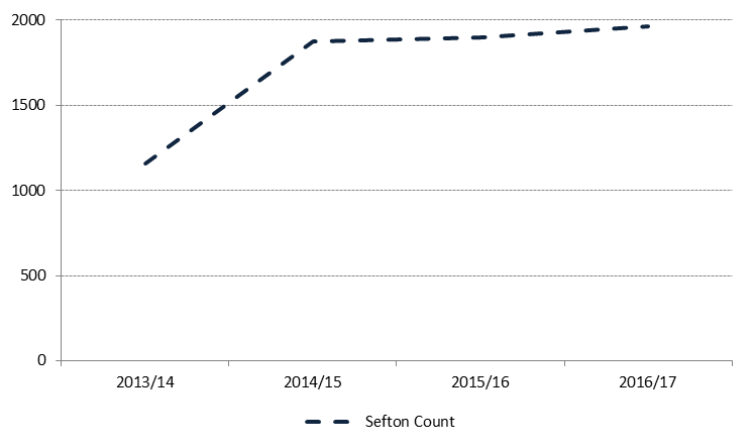
Active Members of Sefton Leisure Centres

Period	Sefton Count
2013/14	7114
2014/15	7813
2015/16	8653
2016/17	11007



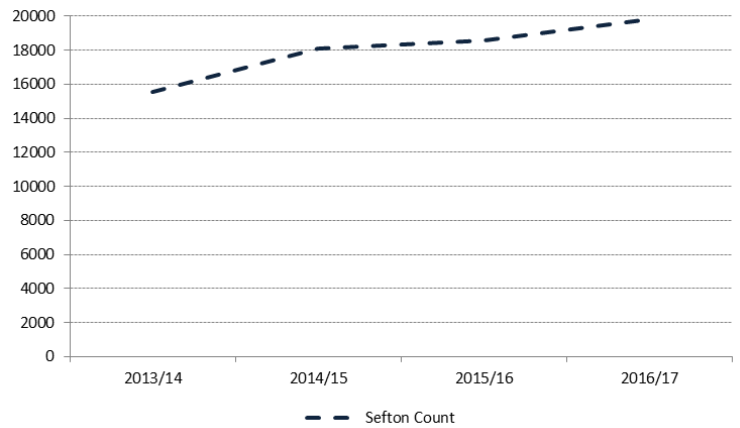
Public Swimming Lessons Provided by Sefton Leisure Services

Period	Sefton Count
2013/14	1160
2014/15	1875
2015/16	1900
2016/17	1962



Children and Young People Coached in Schools and Community Settings by Sefton Leisure Services

Period	Sefton Count
2013/14	15577
2014/15	18109
2015/16	18547
2016/17	19838



Visits to Sefton leisure centres have shown continual increases across the past four years with an overall increase of 16% (742,129) visits when comparing 2013/14 to 2016/17.

Similar to leisure centre visits, the number of people registered as members has shown a year on year increase across the time period with a 55% (3,893) increase from 2013/14 to 2016/17.

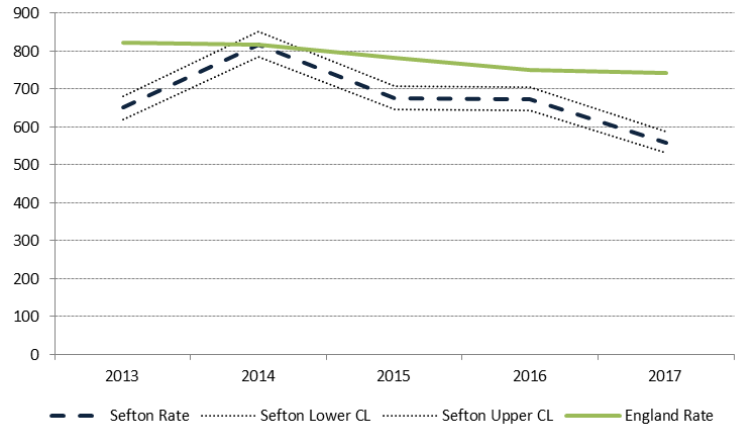
There has been an expansion in the number of public swimming lessons provided by Sefton Leisure Services across the past four years, from 1,160 (in 2013/14) to 1,962 (in 2016/17), this equates to an increase of 69% (802).

Like the other Sefton Leisure Service provisions, the take up of Children and Young People Coached in Schools and Community Settings has shown a continual increase across the time period with an overall increase of 27% from 2013/14 to 2016/17.

Sexual Health

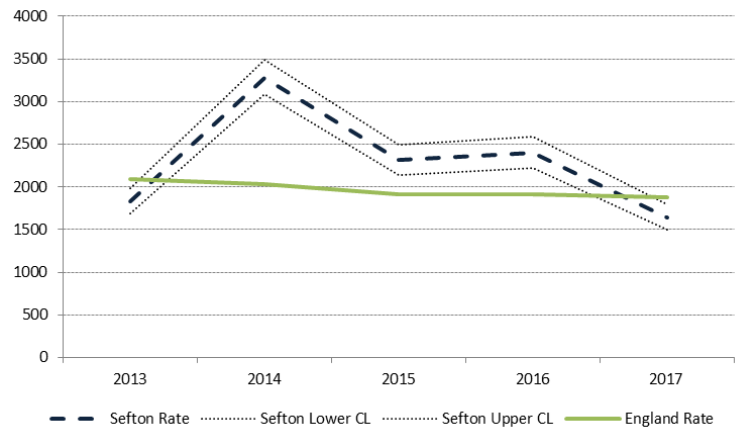
New Sexually Transmitted Infections - STI Diagnosis (Crude rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2013	651	621	682	823
2014	817	784	852	818
2015	677	647	709	783
2016	674	644	706	751
2017	558	531	587	743



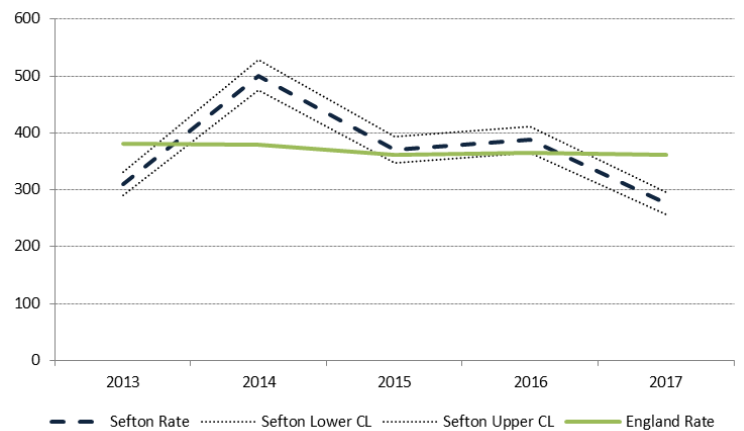
Chlamydia Detection Aged 15-24 year olds (Crude Rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2013	1834	1688	1989	2088
2014	3280	3081	3488	2035
2015	2313	2144	2491	1914
2016	2401	2226	2585	1917
2017	1638	1495	1791	1882



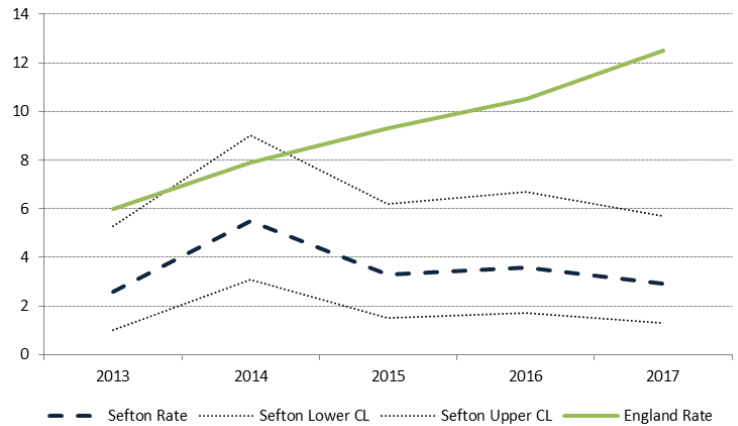
Chlamydia Diagnosis All Ages (Crude rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2013	310	290	332	382
2014	501	475	528	379
2015	370	348	393	362
2016	388	365	412	365
2017	276	256	296	361



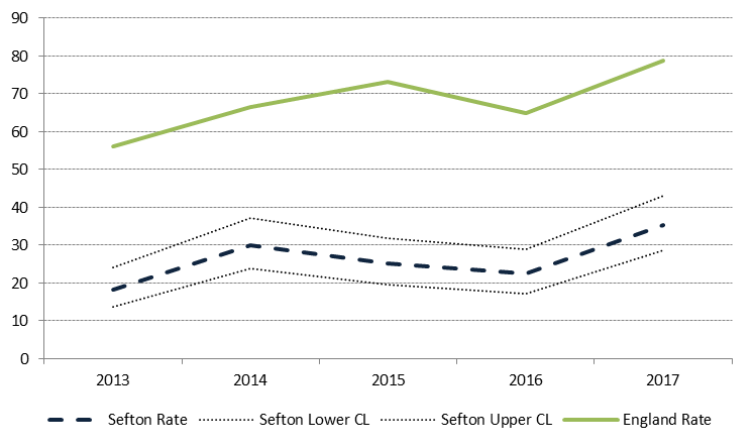
Syphilis Diagnosis (Crude rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2013	2.6	1	5.3	6.0
2014	5.5	3.1	9	7.9
2015	3.3	1.5	6.2	9.3
2016	3.6	1.7	6.7	10.5
2017	2.9	1.3	5.7	12.5



Gonorrhoea Diagnosis (Crude rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2013	18.3	13.6	24.1	56.2
2014	29.9	23.8	37.2	66.5
2015	25.2	19.6	31.9	73.2
2016	22.6	17.3	28.9	64.8
2017	35.3	28.6	43.1	78.8



A total of 1,534 new sexually transmitted infections (STIs) were diagnosed in Sefton in 2017, a rate of 558 per 100,000 population. This is lower than the 2016 rate and significantly lower than the England rate (743 per 100,000).

The most commonly diagnosed STI in Sefton (and the UK) is chlamydia. There were 758 cases in 2017, a rate of 276 per 100,000 population. The rate has fluctuated over the last 5 years and is now lower than the England rate (361 per 100,000). An increasing diagnosis rate is not necessarily negative as it suggests chlamydia infections are being detected and treated reducing the likelihood of complications and onward transmission.

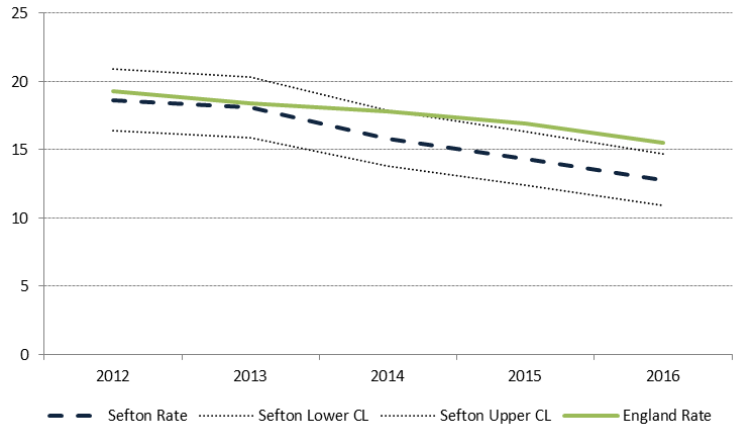
There were 97 cases of gonorrhoea diagnosed in Sefton in 2017, a rate of 35.3 per 100,000. Nationally gonorrhoea diagnoses increased in 2017 in line with the steep increase between 2008 and 2015 (2016 saw a reduction). The Sefton rate has remained stable over the previous four years yet has seen a considerable increase in 2017; however it is still significantly better than for England as a whole (78.8 per 100,000).

A trend of increasing syphilis diagnoses has been reported nationally, with 2017 seeing the largest number of cases since 1949. In Sefton, however, syphilis diagnoses have remained low. There were eight cases in 2017, a rate of 2.9 per 100,000.

Smoking

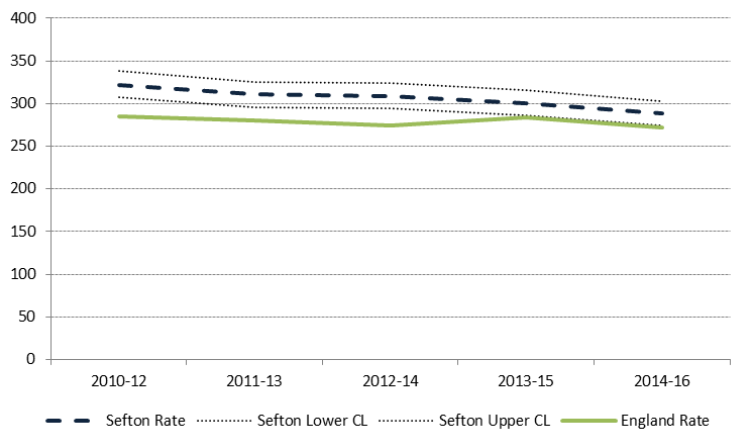
Smoking Prevalence in Adults (% Weighted Number of Self-Reported Smokers Aged 18+ by Total Number of Respondents with a Valid Smoking Status Aged 18 in APS)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012	18.6	16.4	20.9	19.3
2013	18.1	15.9	20.3	18.4
2014	15.8	13.8	17.9	17.8
2015	14.3	12.4	16.3	16.9
2016	12.8	10.9	14.7	15.5



Smoking Related Deaths (Directly Standardised rate per 100,000)

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2010-12	322.1	307.1	337.7	284.4
2011-13	310.5	295.9	325.6	279.7
2012-14	308.5	294.0	323.5	274.8
2013-15	300.9	286.7	315.6	283.5
2014-16	288.4	274.6	302.8	272.0

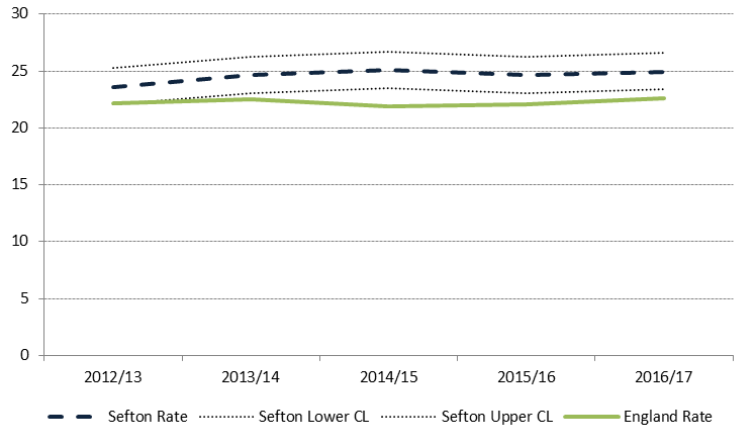


Sefton’s adult smoking prevalence has steadily decreased over the past decade. At 12.8%, Sefton’s 2016 estimate is the 30th lowest of 150 local authorities and significantly lower than the England average (15.5%). However, wide differences in tobacco use exist within Sefton. Smoking prevalence has been found to be higher amongst Sefton’s more deprived communities and those in routine and manual occupations. Despite decreases, Sefton’s rate of smoking related deaths also remains significantly worse than the England average.

Weight Management

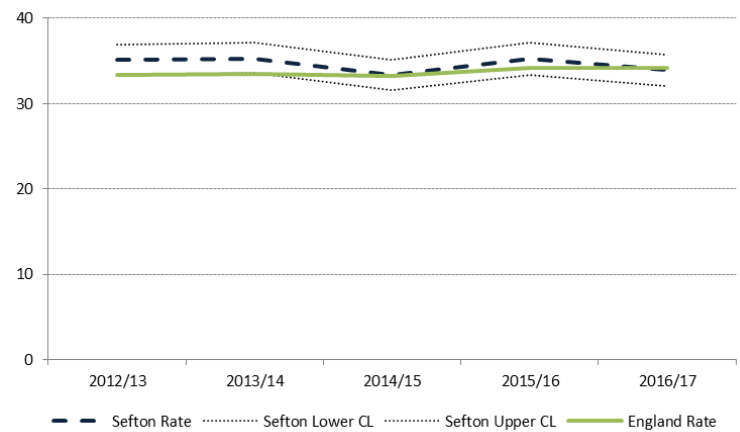
% Excess Weight Children in Reception

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012/13	23.6	22.1	25.3	22.2
2013/14	24.7	23.1	26.3	22.5
2014/15	25.1	23.5	26.7	21.9
2015/16	24.7	23.1	26.3	22.1
2016/17	24.9	23.4	26.6	22.6



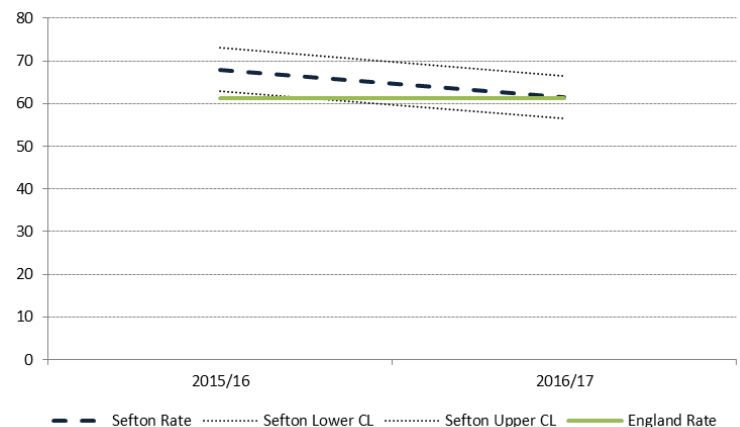
% Excess Weight Children in Year 6

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2012/13	35.1	33.3	36.9	33.3
2013/14	35.3	33.6	37.2	33.5
2014/15	33.3	31.6	35.1	33.2
2015/16	35.2	33.4	37.1	34.2
2016/17	33.9	32.1	35.7	34.2



% Percentage of adults (aged 18+) Classified as Overweight or Obese

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2015/16	68.0	62.9	73.0	61.3
2016/17	61.4	56.6	66.4	61.3



Excess weight or being overweight or obese is associated with an increased risk of a range of health conditions such as type 2 diabetes, coronary heart disease, breast and bowel cancer, stroke and depression. It has been estimated that the cost to the NHS of managing the health consequences of excess weight is approximately £5 billion per year.

Approximately 61% of the Sefton adult population are estimated to be overweight or obese. This is similar to the national rate (also 61%), there has been a reduction in the rates across Sefton when comparing 2015/16 to 2016/17. For children, data from the National Child Measurement suggests that 1 in 4 reception children (aged 4-5 years) and 1 in 3 Year six children (aged 10 to 11 years) are overweight or obese. Obesity rates in both age groups were higher for Sefton's most deprived communities than for Sefton as a whole. The Year 6 obesity rate in the most deprived quintile (24.5%) was more than double that of children living in the least deprived quintile (11.6%).

Being overweight and obese is one of the most serious challenges to health and social wellbeing facing us today. The problem is widespread, in Sefton a quarter of 4-5 year olds are overweight or obese. This rises to a third by the age of 10-11 years and it is estimated that two thirds of adults are overweight or obese. Public Health England predicts this figure will rise to 70% by 2034.

High Body Mass Index (BMI) is costly to health and social care and has wider economic and societal impacts. It is detrimental to the physical and mental health of children and adults and is a significant risk factor in long term conditions. Obesity is estimated to reduce life expectancy by an average of 3 years and severe obesity reduces it by 8-10 years. Severely obese people are three times more likely to require social care than those of a healthy weight.

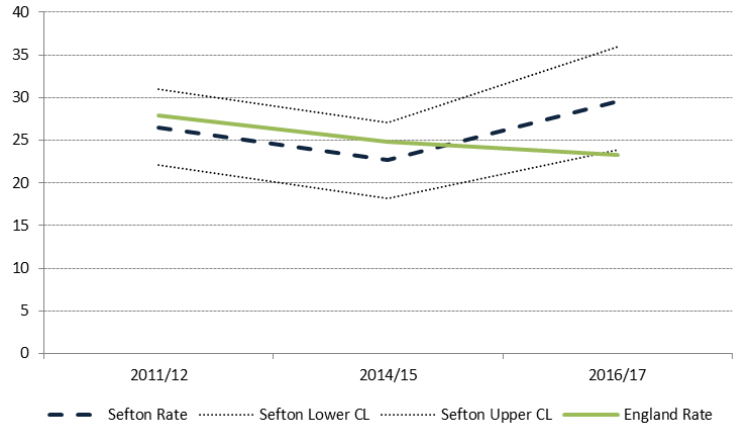
National statistics show obesity is strongly correlated with socio-economic status and is highest amongst children in deprived local authorities. This, along with the poor ratings for factors that would protect children from becoming overweight, makes this a significant local public health issue. These include: breastfeeding, physical activity, good nutrition in general and access to healthy food as identified by Sefton Public Health.

The causes of obesity are complex and therefore take a whole systems approach that impacts on all aspects of individual, community and the population.

Oral Health

% of Five Year Old Children with One or More Obviously Decayed, Missing (Due to Decay) and Filled Teeth

Period	Sefton			England
	Rate	Lower CL	Upper CL	Rate
2011/12	26.5	22.1	31.0	27.9
2014/15	22.7	18.2	27.1	24.8
2016/17	29.6	23.9	36.0	23.3



The National Dental Epidemiology Programme Oral Health Survey of 5 year old children aims to measure the prevalence and severity of dental decay amongst children in England. The latest survey (2016/17) estimated that nearly 30% of Sefton 5 year olds have one or more decayed, missing or filled teeth. This is lower than the North West rate and the lowest of the Liverpool City Region. However, decay experience was found to vary within Sefton. Prevalence of decay was highest amongst children living in the most deprived quintile of Sefton.

Source

Alcohol			
Page	Sub Section	Source	Date
4 & 6	Admissions Under 18	Public Health Profiles - Fingertips / Health Profiles / Behavioural Risk Factors	2010/11-2016/17
4 & 6	Admissions - All	Public Health Profiles - Fingertips / Public Health Outcomes Framework / Health Improvement	2012/13-2016/17
4 & 6	Successful Treatment	Public Health Profiles - Fingertips / Public Health Outcomes Framework / Health Improvement	2012 - 2016
5 & 6	Admission to Hospital for Mental and Behavioural Disorders	Public Health Profiles - Fingertips / Mental Health, Dementia and Neurology / Co-Occurring Substance Misues and Mental Health Issues / Alcohol, Drugs and Tobacco - Prevalence	2012/13-2016/17
5 & 6	Mortality	Public Health Profiles - Fingertips / Mental Health, Dementia and Neurology / Co-Occurring Substance Misues and Mental Health Issues / Mortality Indicators	2012 - 2016
5 & 6	Projections	PANSI	2017 - 2035

Drugs			
Page	Sub Section	Source	Date
7 & 8	Successful Treatment	Public Health Profiles - Fingertips / Public Health Outcomes Framework / Health Improvement	2012 - 2016
7 & 8	Deaths	Public Health Profiles - Fingertips / Public Health Outcomes Framework / Health Improvement	2010/12 - 2014/16
8	Admissions	Public Health Profiles - Fingertips / Child and Maternal Health / Young People / Key Indicators	2010/11 - 2016/17
8	Projections	PANSI	2017 - 2035

Maternity			
Page	Sub Section	Source	Date
9 & 11	Smoking	Public Health Profiles - Fingertips / Health Profiles / Child Health	2012/13 - 2016/17
9 & 11	Breastfeeding Initiation	Public Health Profiles - Fingertips / Health Profiles / Child Health	2012/13 - 2016/17
9 & 11	Breastfeeding Prevalence	Public Health Profiles - Fingertips / Public Health Outcomes Framework / Health Improvement	2016/17
10 & 11	Conceptions - Under 18	Public Health Profiles - Fingertips / Health Profiles / Child Health	2012 - 2016
10 & 11	Conceptions - Under 16	Public Health Profiles - Fingertips / Child and Maternal Health / Young People / Key Indicators	2012 - 2016
10 & 11	General Fertility	Public Health Profiles - Fingertips / Child and Maternal Health / Perinatal Mental Health / Demographics	2012 - 2016
11	Abortions	Public Health Profiles - Fingertips / Sexual and Reproductive Health Profiles / Reproductive Health	2012 - 2016

Physical Activity			
Page	Sub Section	Source	Date
12	Active Adults	Public Health Profiles - Fingertips / Physical Activity / Key Indicators	2015/16 - 2016/17
12	Inactive Adults	Public Health Profiles - Fingertips / Physical Activity / Key Indicators	2015/16 - 2016/17
12	Sports Club Membership	Public Health Profiles - Fingertips / Health Assets Profile / % of Physically Active Adults	2011/12 - 2015/16

Sefton Council Leisure Services			
Page	Sub Section	Source	Date
13 & 14	Sefton Council Leisure Services	Sefton MBC	2013/14 - 2016/17

Sexual Health			
Page	Sub Section	Source	Date
15 & 16	New Sexually Transmitted Infections	Public Health Profiles - Fingertips / Sexual and Reproductive Health Profiles / HIV & STI	2013 - 2017
15 & 16	Chlamydia - Aged 15 - 24	Public Health Profiles - Fingertips / Sexual and Reproductive Health Profiles / HIV & STI	2013 - 2017
15 & 16	Chlamydia - All Ages	Public Health Profiles - Fingertips / Sexual and Reproductive Health Profiles / HIV & STI	2013 - 2017
16	Syphilis & Gonorrhoea	Public Health Profiles - Fingertips / Sexual and Reproductive Health Profiles / HIV & STI	2013 - 2017

Smoking			
Page	Sub Section	Source	Date
17	Prevalence	Public Health Profiles - Fingertips / Health Profiles / Adults Health and Lifestyle	2012 - 2016
17	Deaths	Public Health Profiles - Fingertips / Mental Health, Dementia and Neurology / Co-Occurring Substance Misues and Mental Health Issues / Mortality Indicators	2010/12- 2014/16

Weight Management			
Page	Sub Section	Source	Date
18 & 19	Excess Weight Children	Public Health Profiles - Fingertips / Public Health Outcome Framework / Health Improvement	2012/13- 2016/17
18 & 19	Excess Weight Adults	Public Health Profiles - Fingertips / Health Profiles / Adults Health and Lifestyle	2015/16 - 2016/17

Oral Health			
Page	Sub Section	Source	Date
19	Oral Health	Public Health Profiles - Fingertips / Child and Maternal Health / Overview of Child Health / All Indicators	2011/12 - 2016/17